

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526108

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4			1			
5				1		
6				3		
7				3		
8				3		
9				0		
10				0		
11				0		
12				0		
13				0		
14				0		
15				0		
16				0		
17			1			
18				0		
19				0		
20				1		
21				0		
22				1		
23				1		
24			1			
25				1		
26				0		
27				1		
28				0		
29				0		
30				0		
31				0		
32				1		
33				0		
34				0		
35				0		
36				0		
37				0		
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39						
40				1		
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						